



of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

(d) Non-Profit Organization

- ☐ an official empowered to act on behalf of the non-profit organization identified below:

NAME OF CONCERN \_\_\_\_\_  
ADDRESS OF CONCERN \_\_\_\_\_

**TYPE OF ORGANIZATION**

- ☐ UNIVERSITY OR OTHER INSTITUTE OF HIGHER EDUCATION  
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))  
☐ NON-PROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)  
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA  
☐ WOULD QUALIFY AS NON-PROFIT SCIENTIFIC OR EDUCATION UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)

and that the non-profit organization identified above qualifies as a non-profit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code.

II. OWNERSHIP OF INVENTION BY DECLARANT

I hereby declare that rights under contract or law remain with and/or have been conveyed to the above identified

- ☐ person (item (a) or (b) above)      ☒ concern (item (c) above)      ☐ organization (item (d) above)

EXCEPT, that if the rights held are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held (1) by any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, (2) any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or (3) a non-profit organization under 37 CFR 1.9(e).

- ☐ no such person, concern, or organization  
☒ person, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

- ☐ Individual      ☐ Small Business Concern      ☐ Non-Profit Organization

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

- ☐ Individual      ☐ Small Business Concern      ☐ Non-Profit Organization

III. ACKNOWLEDGEMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

IV. DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

V. SIGNATURES

(complete only (e) or (f) below)

(e)

NOTE: All inventors must sign the verified statement

Name of Inventor \_\_\_\_\_

Signature of Inventor \_\_\_\_\_

Date \_\_\_\_\_

Name of Inventor \_\_\_\_\_

Signature of Inventor \_\_\_\_\_

Date \_\_\_\_\_

OR

(f)

NOTE: The title of the person signing on behalf of a concern or non-profit organization should be specified.

NAME OF PERSON SIGNING \_\_\_\_\_ John G. Posa

TITLE OF PERSON SIGNING \_\_\_\_\_ Member

ADDRESS OF PERSON SIGNING \_\_\_\_\_ 1204 Harbrooke Ave.

\_\_\_\_\_ Ann Arbor, MI 48104

SIGNATURE \_\_\_\_\_ DATE 3/10/00

Attorney's Docket No.: MED-02702/29

**COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)

As the below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is the following type:

- ☒ original  
☐ design  
☐ supplemental

*NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part do not check next item; check appropriate one of last three items.*

- ☐ national stage of PCT

*NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.*

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

*WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My resident, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**OPTIMIZING PATELLAR FEMORAL MECHANICS  
THROUGH ALTERNATIVE DEPTH REFERENCING**

**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.  
 (b) ☐ was filed on \_\_\_\_\_ as ☐ Serial No. 0 / \_\_\_\_\_ or ☐ Express Mail No., as Serial No. not yet known \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

*NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.*

00523503-034000





## SIGNATURE(S)

Full name of sole inventor MICHAEL A. MASINI

Inventor's signature

Date

3/8/00

Country of Citizenship

US

Residence

Ann Arbor, Michigan

Post Office Address

2950 Hickory Lane

Ann Arbor, Michigan 48104

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S)  
WHICH FORM A PART OF THIS DECLARATION

- ☐ Signature for third and subsequent joint inventors. Number of pages added \_\_\_\_\_  
\* \* \*
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  
Number of pages added \_\_\_\_\_  
\* \* \*
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.  
Number of pages added \_\_\_\_\_  
\* \* \*
- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added \_\_\_\_\_  
\* \* \*
- ☐ Authorization of attorney(s) to accept and follow instructions from representative.  
\* \* \*

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

- ☒ This declaration ends with this page.